BEST AVAILABLE COPY

٠	PATENT A	RD	Application or Docket Number										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN		OR	OTHER SMALL	•
TOTAL CLAIMS			18	18		44.03		RATI	Ε	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		. 0			X\$ 9= ·			OR	X\$18=	
INDEPENDENT CLAIMS			2 mir	2 minus 3 =		.0		X40= ·			OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM I	PRESENT						+135=		OR	+270=	
* If	the difference i	in column 1 is	s less than ze	ess than zero, enter "0" in column 2				TOTAL			OR	TOTAL	1/0
CLAIMS AS AMENDED - PART II								SMA		ENTITY	OR	OTHER SMALL I	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colu HIGI NUM PREVI PAID	IEST BER DUSLY	PRESENT EXTRA		RAT		ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE
	Total	. 16	Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent		Minus	***		= '		X40:	=		OR	X80=	
	FIRST PRESE	MULTIPLE DEP	DEPENDENT CLAIM				+135	=		OR	+270=		
									TAL	,	•	TOTAL ADDIT. FEE	
		(Column 1) (Column 2) (Column 2)						ADDIT. F				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9	=		OR	X\$18=	
AME	Independent		Minus	***	T 0) 4114	=		X40	=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=	-
									TAL		OR	TOTAL ADDIT. FEE	
		(Column 1))		umn 2)	(Column 3)					_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent		Minus	***		<u> - </u>		X40	=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	<u>;</u> =		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											OR	TOTAL ADDIT, FEE	
***	If the "Highest Nu The "Highest Nun	mber Previously	Paid For" IN TH	IS SPACE	E is less th	an 3, enter "3."				propriate bo	a axinca		